24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full)
Conservative Campaign Committee

FEC IDENTIFICATION NUMBER ▼

C C00495010

Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
Telesouth Broadcasting

Mailing Address 6311 Ridgewood Road

City	State	Zip Code
Jackson	MS	39211-2035

Purpose of Expenditure
6/21 to 6/23 Radio Advertising

Category/Type

Name of Federal Candidate
Chris McDaniel
☒ Support
☐ Oppose

Date of Public Distribution/Dissemination
M M 06 / D D 20 / Y Y Y Y 2014

Amount
2397

Transaction ID : 119904
Date of Disbursement or Obligation
M M / D D / Y Y Y Y

Office Sought: ☐ House District: 00
☐ President ☒ Senate State: MS

Calendar Year-To-Date
Per Election for Office Sought
5899.58

Disbursement For: ☒ Primary ☐ General
2014
☐ Other (specify) ▶ _____

Full Name of Payee
Russo Marsh & Associates, Inc.

Mailing Address 8795 Folsom Boulevard
Suite 103

City	State	Zip Code
Sacramento	CA	95826-3720

Purpose of Expenditure
6/21 to 6/23 Radio Production

Category/Type

Name of Federal Candidate
Chris McDaniel
☒ Support
☐ Oppose

Date of Public Distribution/Dissemination
M M 06 / D D 20 / Y Y Y Y 2014

Amount
1500

Transaction ID : 119905
Date of Disbursement or Obligation
M M / D D / Y Y Y Y

Office Sought: ☐ House District: 00
☐ President ☒ Senate State: MS

Calendar Year-To-Date
Per Election for Office Sought
5899.58

Disbursement For: ☒ Primary ☐ General
2014
☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.............................▶ 3897.00

(b) SUBTOTAL of Unitemized Independent Expenditures ....▶

(c) TOTAL Independent Expenditures..▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kelly Lawler
[Electronically Filed]

Signature

Date M M 06 / D D 20 / Y Y Y Y 2014